



**Bi – Annual Report
2007-08 and 2008-09**

**COUNTYWIDE CRIMINAL JUSTICE COORDINATION
COMMITTEE**

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I. Executive Summary

The Los Angeles County Drug Court Program, launched in 1994, diverts non-violent drug offenders with chronic substance abuse disorders out of the local jail and state prison systems and into treatment. This report covers drug court program outcomes from Fiscal Year 2007-08 through Fiscal Year 2008-09.

Drug courts employ a non-adversarial, collaborative approach and offer an alternative to incarceration to offenders dealing with drug abuse and dependence. Nationally and locally, drug courts have repeatedly been found to generate cost savings for the criminal justice system, decrease recidivism among drug offenders, and, most importantly, help participants return to a productive life.

There are 12 traditional adult drug courts, two juvenile drug courts, and four specialized court programs based on the drug court model in Los Angeles County. Defendants who have a current felony drug possession or use charge, no history of serious or violent offenses and a demonstrated substance abuse issue are eligible for the Los Angeles County Drug Court Program. All Los Angeles County drug courts feature collaboration among judicial officers, prosecution, defense, law enforcement, probation and community-based treatment providers. Each program offers a structured regimen of treatment and recovery services based on thorough assessments of participants' severity of addiction and treatment needs.

Four specialized collaborative courts have been created in Los Angeles County utilizing the drug court model: the *Co-Occurring Disorders Court*, the *Juvenile Dependency Drug Court*, the *Sentenced Offender Drug Court* and the *Women's Reentry Court*. Each is headed by a judicial officer committed to the collaborative court model, which includes a non-adversarial team approach, and is based on the key elements of the drug court model.

The Co-Occurring Disorders Court (CODC), launched in 2007, provides intensive wraparound services to offenders who suffer from both a mental illness and substance abuse disorder. The Juvenile Dependency Drug Court targets primary caretaker parents whose children were under the juvenile dependency court jurisdiction and whose substance abuse appeared to be a significant impediment to family reunification. The Sentenced Offender Drug Court (SODC) is an intensive program for convicted, non-violent felony offenders who face state prison commitments. All SODC participants spend a mandatory 90 days in a jail-based treatment module followed by residential and outpatient treatment. Finally, the Women's Reentry Court (WRC), which began in May 2007, targets women parolees and probationers who are charged with a new offense and facing a state prison sentence. In lieu of incarceration, participants are enrolled in an intensive six-month residential program followed by up to 12 months of out-patient treatment.

In Fiscal Years 2007-08 and 2008-09, 874 and 754 new participants entered the Los Angeles County Adult Drug Court¹ program, respectively. Combined with continuing participants, over 3,300 individuals received substance abuse treatment and services over the two-year

¹ These statistics do not include the Co-Occurring Disorders Court or the Women's Reentry Court programs. Preliminary data on these programs are included in Chapter V.

period, and almost 700 people graduated from drug courts. Over the last six fiscal years, over 4,800 new participants entered the Drug Court Program, and approximately 2,300 graduated.

One troubling pattern has been the consistent downward trend in the number of drug court referrals and new participants over the course of the last six fiscal years. There was a 32% reduction from Fiscal Year 2005-06 to Fiscal Year 2006-07. Fiscal Years 2007-08 and 2008-09 also saw a decrease in new participant enrollment. These reductions have been due to several factors. Proposition 36, which mandates probation and treatment to eligible substance abuse offenders in lieu of incarceration, continues to draw drug court eligible offenders away from the program. In addition, funding reductions for drug court programs from federal and state sources have decreased program capacity. In 2002, the number of drug court treatment slots peaked at 1400. By 2008 and 2009, the total number of budgeted drug court slots available for participants had dropped to nearly 800.

Data indicate that drug court graduates have a five-year recidivism rate of approximately 30%. This means that over 70% of those that successfully complete the program remain conviction-free in the five years following their graduation. These percentages have been relatively consistent since the Drug Court Program began, are comparable to rates for drug courts nationwide, and reflect the effectiveness of the drug court model. These rates are also significantly lower than recidivism rates for similar offenders who do not participate in a drug court program.

Under the auspices of the Countywide Criminal Justice Coordination Committee (CCJCC), the Drug Court Oversight Subcommittee oversees the collaborative efforts of the various agencies involved in the Los Angeles County Drug Court Program. The Drug Court Oversight Subcommittee provides programmatic and technical assistance, coordinates countywide data collection and program evaluation activities, and develops consensus on countywide policies and program standards.

The Drug Court Oversight Subcommittee also prioritizes trainings for drug court practitioners. The subcommittee and CCJCC held the annual drug court training conferences in June 2008 and May 2009. Over 250 individuals involved in the Los Angeles County Drug Court Program attended each conference to learn the newest research on drug use trends, substance abuse treatment, and best practices for collaborative courts.

II. Introduction and Overview

The Drug Court Model

Drug courts are a unique collaboration between the criminal justice system and drug treatment professionals who work together to intervene in the lives of substance dependent criminal offenders. Drug courts employ a non-adversarial, collaborative approach and divert non-violent offenders with chronic substance abuse disorders away from jail and prison and into treatment. Court teams traditionally include representatives from the judiciary, defense counsel, prosecution, probation, law enforcement, and mental health and substance abuse treatment communities. These stakeholders work together to offer offenders an alternative to incarceration and a chance to address their substance abuse.

Drug courts have repeatedly been found to generate cost savings to the criminal justice system, decrease recidivism among graduates, and, most importantly, help participants return to a productive life. In a February 2005 report, the federal Government Accountability Office (GAO) concluded that adult drug court programs substantially reduce crime by lowering re-arrest and conviction rates among drug court graduates well after program completion, providing overall greater cost/benefits for drug court participants and graduates than comparison group members (GAO-05-219).

The nation's first drug court program began in Miami, Florida in 1989. The success of that court served as the model for the development of drug courts throughout the nation. Currently, there are more than 2,500 drug courts in operation across the country.

The Los Angeles County Drug Court Program

In 1994, the Los Angeles Municipal Court and the Countywide Criminal Justice Coordination Committee (CCJCC) established the County's first drug court program at the Downtown Criminal Courts Building (Clara Shortridge Foltz Criminal Justice Center). Within two months, a second court was implemented at the Rio Hondo Municipal Court in El Monte. These two pilot programs were the beginning of the Los Angeles County Drug Court Program and represented a significant shift in the justice system's response to drug addiction and crime.

After 1994, drug courts were established throughout Los Angeles County. Today, there are 12 traditional adult drug courts, two juvenile drug court programs and four specialized court programs based on the drug court model. Defendants with a current felony drug possession or use charge, no history of serious or violent felonies and demonstrated substance abuse issues are eligible to participate in drug court.

In 2001, California voters approved Proposition 36, which established a network of courts based on the drug court model to divert low-level, non-violent drug offenders into treatment. Together, these collaborative courts offer a continuum of care and drug treatment services for drug involved and dependent offenders in Los Angeles County.

The County's system of drug courts consists of both a "pre-plea" diversion and "post-plea" design, which is intended to provide a treatment alternative to prosecution for non-violent felony drug offenders. Drug Courts have evolved into multi-track program models which include a variety of post-plea participant categories, such as probation violators, defendants who have pled guilty as a condition for admission into the program, and defendants terminated from Proposition 36 probation.

Key Elements of the Drug Court Model

The drug court model is based on 10 key elements. These elements are widely recognized to be vital to the successful implementation and operation of drug courts. All Los Angeles drug courts are founded on the 10 key elements. (See Appendix A).

- Element 1: *Integration of treatment services with justice system case processing*
All members of the drug court team agree to and approve a treatment plan for drug court participants. The treatment plan is seen as an integral component of court conditions on the participants.
- Element 2: *Non-adversarial approach*
The drug court team functions as a collaborative body with the prosecutor, defense counsel, and the bench officer all agreeing and working together to serve the best interests of public safety and the treatment plan of drug court participants.
- Element 3: *Early identification and placement of eligible clients*
Both defense counsel and prosecution work on identifying potential clients for drug courts. Early screening and assessment are key elements of the Los Angeles County Drug Court Program.
- Element 4: *Access to a continuum of alcohol and drug and other related treatment services*
All drug court treatment providers in Los Angeles County are expected and required to offer a continuum of services for drug court clients based on their needs. All drug court participants are assessed for addiction severity and other needs are then placed in the appropriate level of treatment.
- Element 5: *Frequent alcohol and drug testing*
A key element of the drug court model is accountability. Frequent and random drug testing is a vital component of the Los Angeles County Drug Court Program. Frequency of testing is determined by the level of addiction severity and is agreed upon by the drug court team and judge.
- Element 6: *Coordinated strategy for responses to client compliance*
All Los Angeles County drug courts operate with specific procedures for reporting progress and client compliance with the treatment plan. Treatment providers provide regular progress reports to the court and swiftly notify the drug

court team when a drug court participant is non-compliant with any aspect of their treatment plan.

- **Element 7: *Ongoing judicial interaction with each client***
One of the most vital elements in the Los Angeles County Drug Court Program is the role of the bench officer. Frequent court appearances are the hallmark of drug courts. Drug court participants are routinely required to appear before the judge to report on their progress and discuss non-compliance issues. Bench officers provide guidance, encouragement, rewards, and sanctions when needed.
- **Element 8: *Monitoring and evaluation measures***
Monitoring, oversight, and evaluation of the Los Angeles County Drug Courts have been a hallmark of the program from the beginning. CCJCC's Drug Court Oversight Subcommittee establishes standards and practices for the drug court program and regularly reviews operations and issues. The Los Angeles County Alcohol and Drug Programs Administration administers a contract for independent evaluation of the drug court program.
- **Element 9: *Continuing interdisciplinary education***
On-going training is a key element of the Los Angeles County Drug Court Program. An annual training conference brings together drug court professionals from across disciplines to hear the latest research and information related to drug treatment and drug courts. Specific training for drug treatment providers is also held on an annual basis.
- **Element 10: *Drug court partnerships***
Each Los Angeles County drug court is based on partnerships between all the stakeholders in the criminal justice system and drug treatment network. These partnerships ensure that the drug courts operate efficiently and that they effectively work to assist drug involved and dependent offenders into recovery.

Drug Court Phases

The Los Angeles Drug Court Program offers a structured regimen of treatment and recovery services based on thorough assessments of participants' severity of addiction and treatment needs. Each court operates with a phased approach to treatment and supervision. Drug court teams continuously screen potential candidates for the program, create individual treatment and supervision plans for each participant, and carefully monitor their progress throughout the programs phases. Clients must meet specific criteria before transitioning to the next phase, such as having no positive drug tests or unexcused absences, complying with treatment and court orders, positively adjusting to treatment plans, and regularly appearing before the bench officer. (See Appendix B).

Trial Phase

The Trial Phase of the drug court program consists of frequent drug testing, mandatory group meetings, and counseling sessions. This phase is essential in

assessing a participants' commitment to treatment and level of motivation. The Trial Phase is approximately two weeks in duration. Upon successful completion, participants are formally transitioned into the program and Phase I.

Phase I

Phase I focuses on assessment, stabilization, and the commencement of an individualized treatment plan. Frequent counseling sessions, mandatory 12-step meetings, and mandatory drug testing characterize Phase I. Phase I emphasizes the development of employment, vocational, and education goals and plans.

Phase II

Phase II includes intensive treatment services, counseling focused on long-term recovery and socialization, mandatory 12-step meetings, and mandatory drug testing. The frequency of testing and meetings is less than Phase I and reflects a growing commitment to recovery on the part of the participant. Emphasis is placed on pursuing individual employment and vocational/education goals.

Phase III

Phase III focuses on transition from intense treatment to long-term relapse prevention. Counseling sessions continue with a larger concentration on self-sufficiency. Mandatory 12-step meetings and drug testing continue, but on a less frequent basis than in Phase II. Phase III prepares participants for graduation from the program and for long-lasting recovery.

III. Los Angeles County Drug Courts

Los Angeles County is home to 12 adult drug courts, two juvenile drug courts and four specialized collaborative courts based on the drug court model. Each drug court features strong collaboration among the judicial officer, prosecution, defense counsel, law enforcement, probation, and a community-based treatment provider. The drug courts have excelled in accessing the resources of their particular communities and providing treatment services that reflect the needs of participants in each region of the county.

Adult Drug Courts

Listed below are the 12 adult drug courts located throughout Los Angeles County (See Appendix C). Each drug court is headed by a judge or commissioner and is served by a community-based treatment provider that works closely with the bench officer and entire drug court team to provide substance abuse treatment and services to participants.

Antelope Valley Drug Court Established 2002	Pasadena Drug Court Established 1995
Compton Drug Court Established 1998	Pomona Drug Court Established 1999
East Los Angeles Drug Court Established 1999	Rio Hondo Drug Court Established 1994
Inglewood Drug Court Established 1997	Southeast/Whittier Drug Court Established 1997
Long Beach Drug Court Established 2000	West Los Angeles/Airport Drug Court Established 1996
Los Angeles Foltz Criminal Justice Center Drug Court Established 1994	Van Nuys Drug Court Established 1999

Juvenile Drug Court Program

The Los Angeles Juvenile Drug Court Program incorporates the same general principles and program elements as the adult drug courts. The program targets non-violent juvenile offenders with substance abuse problems. Designed for both male and female participants, the mission of the program is to provide an integrated and comprehensive system of treatment for high-risk minors and their parents within the highly structured drug court setting.

Juvenile drug court is a voluntary program. It includes regular court appearances before a designated drug court judicial officer, intensive supervision by the probation department, frequent drug testing, and a comprehensive program of treatment services provided by a community-based agency. Treatment agencies provide individual, group, and family counseling sessions. The involvement of the minor's parents and family members is strongly encouraged. Referrals for ancillary services, such as vocational training, job placement services and remedial education, are made as needed. Participants must complete a minimum of 12 months in the program, comply with all program requirements, and be drug-free to be considered for graduation from Drug Court.

The first juvenile drug court was established at the Sylmar Juvenile Court facility in July 1998. Judge Fred Fujioka is currently the bench officer over the Sylmar Juvenile Court. The Eastlake Juvenile Drug Court Program was implemented in 2002 and targets drug-involved juveniles considered at the greatest risk of becoming chronic, serious offenders. The Eastlake program includes an in-custody treatment component which allows the juvenile drug court bench officers to use short-term placement in a secure therapeutic facility as a treatment sanction. Commissioner Robert Totten currently heads the Eastlake Drug Court.

Specialized Collaborative Courts

Los Angeles County has created several specialized collaborative courts that utilize the drug court model. Most of these courts have begun on a pilot basis with grant funding. Each program is headed by a judicial officer committed to the collaborative court model, which includes a non-adversarial team approach, and is based on the key elements of the drug court model. All the programs incorporate detailed evaluation plans to allow for measurement of their effectiveness and outcomes. This information can be utilized to advocate for further funding and expansion.

Co-Occurring Disorders Court (CODC)

CODC is a pilot program launched in 2007 under the leadership of Judge Michael Tynan. Funded by the County's Homeless Prevention Initiative and Proposition 63 Full Service Partnerships, CODC focuses on offenders who suffer from both a mental illness and a substance abuse problem and, as a result, have frequent contact with the criminal justice system. The program utilizes the drug court model and provides integrated intensive mental health treatment, substance abuse treatment, and other needed services. The program currently serves 54 clients at any given time and targets the downtown/Skid Row population. (See Chapter V for preliminary program data).

A CCJCC subcommittee, including members of the criminal justice system, Alcohol and Drug Programs Administration (ADPA), Department of Mental Health and Special Service for Groups (SSG), the community-based treatment provider, was formed to assist in the implementation of the court and provides oversight as the program continues. The Subcommittee meets regularly to discuss overall progress of the program, any need for changes to policy or court standards, budgetary issues and client success.

In October 2008, the subcommittee secured a grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to enhance the CODC program. The grant, administered by ADPA, provides funding for three months of residential treatment services at ADPA's Antelope Valley Rehabilitation Center in Acton. Additionally, in January 2009, CCJCC applied for a grant from the Department of Justice to add a supported employment component to the CODC program. Funding from this grant is expected to begin in early 2010.

Juvenile Dependency Drug Court

In 2006, the Los Angeles County Juvenile Dependency Court convened a committee to address substance abuse issues and treatment for parents and families involved in the dependency court system. Funded by a grant obtained in May 2006, a pilot dependency drug court was established under the leadership of Commissioner Stephen Marpet to target primary caretaker parents whose children were under the juvenile dependency court jurisdiction and whose substance abuse appeared to be a significant impediment to family reunification. The court originally served 20 volunteer adult clients and provided substance abuse treatment and recovery support services to those parents. In late 2007, this model was expanded to include a larger number of clients in the original court. Efforts are underway to expand to other court locations as well.

Sentenced Offender Drug Court (SODC)

SODC, initiated in August 1998 under the leadership of Judge Michael Tynan, is an intensive program for convicted, non-violent felony offenders who face state prison commitments due to their criminal records and history of drug addiction. These higher risk offenders have medium to high levels of drug addiction and are offered the SODC program with formal probation as an alternative to state prison. SODC integrates in-custody and post-release treatment components.

All SODC participants spend a mandatory 90 days in the county jail where they are assigned to a specialized drug treatment module. Following this period of intensive in-custody treatment, participants are assigned to a 90-day residential treatment facility. Finally, they are admitted into community-based transitional housing where they begin a six- to nine-month phase of comprehensive "outpatient" treatment and intensive drug testing under direct supervision of the judge. SODC serves up to 100 participants and is almost always at full capacity.

Women's Reentry Court

The Women's Reentry Court is a pilot program and a joint collaboration with the California Department of Corrections and Rehabilitation. The court, which began in May 2007, is based on the collaborative court model and targets women parolees and probationers who are charged with a new offense in Los Angeles County. In lieu of being sentenced to state prison on the new charge, participants are enrolled in an intensive six-month residential program followed by up to 12 months of outpatient treatment. The program serves 20 parolees and 30 probationers and offers mental health, substance abuse, employment assistance and trauma-related counseling services. While the program is not exclusive to women with substance abuse problems or drug offense histories, it is based upon the 10 key elements of the drug court model. The court is supervised by Judge Michael Tynan. (See Chapter V for preliminary program data).

A CCJCC Steering Committee comprised of members of the criminal justice system, CDCR, ADPA, UCLA and Prototypes, the community-based treatment provider, provides oversight of the Women's Reentry Court Program. CDCR's Division of Community Partnerships funded the program with a grant from inception through the end of Fiscal Year 2008-09. The grant allowed for implementation of the court and funded six months of residential treatment for parolees in the program. Prototypes utilizes other funding streams to cover residential treatment costs for probationers and donates six months of outpatient treatment for all participants. Another six months of funding for intensive outpatient services was secured by ADPA with a grant from the Bureau of Justice Assistance in 2008.

Prior to the expiration of grant funding, CCJCC and the WRC oversight subcommittee engaged CDCR in negotiations to secure continued funding of the program. Based on the program's success in treating female offenders and its demonstrated cost savings, CDCR committed to extend funding. CDCR funding is now in place through Fiscal Year 2010-11.

IV. Drug Court Program Oversight

The Drug Court Program must have a broad and ongoing base of support to succeed. The program continues to rely on a coalition of agencies, organizations and elected leaders to facilitate communication and collaboration. CCJCC created the Drug Court Oversight Subcommittee to oversee the efforts of the various agencies involved in the Drug Court Program (See Appendix D). The Drug Court Oversight Subcommittee is comprised of judicial officers and administrators of the Los Angeles Superior Court and representatives from the District Attorney's Office, the Public Defender's Office, the Sheriff's Department, the Probation Department, the Department of Public Health Alcohol and Drug Program Administration, and local law enforcement agencies. The subcommittee is chaired by Judge Rudolph Diaz and vice-chaired by Michael P. Judge, the Public Defender of Los Angeles County. To provide additional leadership and coordination, the Superior Court has also designated Judge Michael Tynan as Supervising Drug Court Judge.

The Drug Court Oversight Subcommittee provides programmatic and technical assistance to the various drug courts, coordinates countywide data collection and program evaluation activities, and develops countywide policies and program standards. The subcommittee is responsible for collaboratively developing general policy guidelines for all of the county's drug courts, which are published in the *Drug Court Standards and Practices*. This policy document undergoes revisions as the Drug Court program evolves.

Finally, the Drug Court Oversight Subcommittee prioritizes training for drug court practitioners. The subcommittee continually organizes and facilitates training for those involved in the drug court program and sponsors an annual drug court conference.

V. Los Angeles County Drug Court Program Statistics

Program Numbers²

Fiscal Year 2007-08 and 2008-09

In Fiscal Years 2007-08 and 2008-09, 874 and 754 new participants entered the adult drug court program, respectively. Combined with continuing participants, 3,376 individuals received substance abuse treatment and services over the two year period; 671 participants graduated from drug courts; and 1,138 were terminated from the program. The termination rate for both years was approximately 34%, a significant drop from the previous years when termination rates hovered near 47-50%. The higher retention rates reflect concerted efforts on behalf of drug court treatment teams to ensure that participants remain in the program and successfully complete.

Table 1: New, Continuing, Graduated and Terminated Participants – Fiscal Years 2007-08 and 2008-09

	New Participants	Continuing Participants³	Graduated Participants	Terminated Participants
FY 2007-08	874	914	355	598
FY 2008-09	754	834	316	540

Fiscal Years 2003-04 through 2008-09

Over the last six fiscal years, 4,843 new participants entered the Drug Court Program; 2,345 graduated; and 4,341 were terminated from the program.

One troubling pattern has been the consistent downward trend in the number of drug court referrals and new participants over the course of the last six fiscal years. There was a 32% reduction from Fiscal Year 2005-06 to Fiscal Year 2006-07. Fiscal Years 2007-08 and 2008-09 also saw a decrease in new participant enrollment. These reductions have been due to several factors. Proposition 36, which mandates probation and treatment to eligible substance abuse offenders in lieu of incarceration, continues to draw drug court eligible offenders away from the program. In addition, funding reductions for drug court programs from federal and state sources have decreased program capacity. In 2002, the number of drug court treatment slots peaked at 1400. By 2008 and 2009, the total number of budgeted drug court slots available for participants had dropped to nearly 800.

Table 2: New, Continuing, Graduated and Terminated Participants – Fiscal Year 2003-04 through Fiscal Year 2008-09

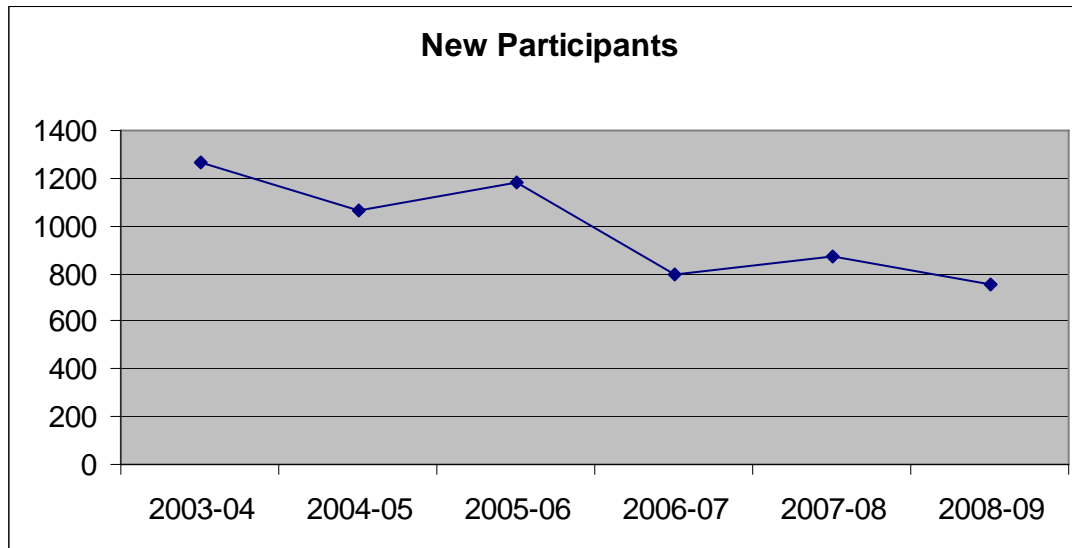
	New Participants	Graduated Participants	Terminated Participants
FY 2003-04	1267	451	950
FY 2004-05	1068	433	708

² Program numbers reported included data for the 12 Adult Drug Courts and the Sentenced Offender Drug Court.

³ The Total for Continuing Participants is expressed as an average over the 4 quarters to avoid counting individuals more than once.

FY 2005-06	1182	343	758
FY 2006-07	798	447	787
FY 2007-08	874	355	598
FY 2008-09	754	316	540
Total	4843	2345	4341

Figure 1



Participant Demographics

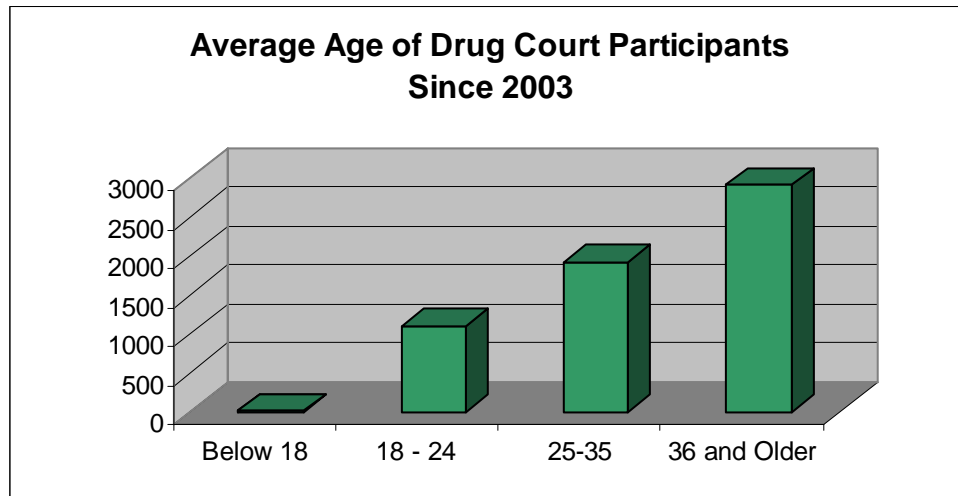
Age

The overwhelming majority of new participants entering the Adult Drug Court Program are over the age of 25, with approximately 50% age 36 or older. Individuals 18 to 24 years of age represent approximately 20% of the drug court participant pool. The age distribution of drug court participants has remained mostly constant over the last six years.

Table 3: New Participant Age – Fiscal Year 2003–04 through Fiscal Year 2008-09

	Below 18	18 – 24	25 – 35	36 and older	Total
FY 2003-04	1 (0%)	241 (19%)	404 (32%)	621 (49%)	1267
FY 2004-05	3 (0%)	244 (23%)	367 (34%)	454 (43%)	1068
FY 2005-06	4 (0%)	204 (17%)	365 (31%)	609 (52%)	1182
FY 2006-07	2 (0%)	126 (16%)	257 (32%)	413 (52%)	798
FY 2007-08	1 (0%)	163 (19%)	271 (31%)	438 (50%)	873
FY 2008-09	4 (0%)	126 (17%)	254 (34%)	370 (49%)	754
Total	22	1085	1840	2722	5669

Figure 2



Gender

Over seventy percent of new participants in the drug court program are male. This percentage has remained consistent since inception of the drug court program.

Table 4: New Participant Gender Distribution – Fiscal Years 2007-08 and 2008-09

	Male	Female	Total
FY 2007-08	639 (73%)	234 (27%)	873
FY 2008-09	540 (72%)	214 (28%)	754

Race/Ethnicity

The race/ethnicity of new participants entering the Adult Drug Court Program during Fiscal Years 2007-08 and 2008-09 is reported in Table 5. Nearly 30% of new participants are African-American; 48% are Hispanic; 19% are White. Native Americans, Asian-Pacific Islanders and those that identify as “Other” represent the remaining percentage of participants. The racial composition of drug court participants has remained relatively unchanged over the last six fiscal years.

Table 5: New Participant Race/Ethnicity – Fiscal Years 2007-08 and 2008-09

	White	African-American	Hispanic	Native American	Asian-Pacific Islander	Other	Total
FY 2007-08	169 (19%)	249 (29%)	425 (49%)	1 (0%)	13 (1%)	16 (2%)	873
FY 2008-09	148 (20%)	206 (27%)	360 (48%)	5 (1%)	13 (2%)	22 (3%)	754

Figure 3

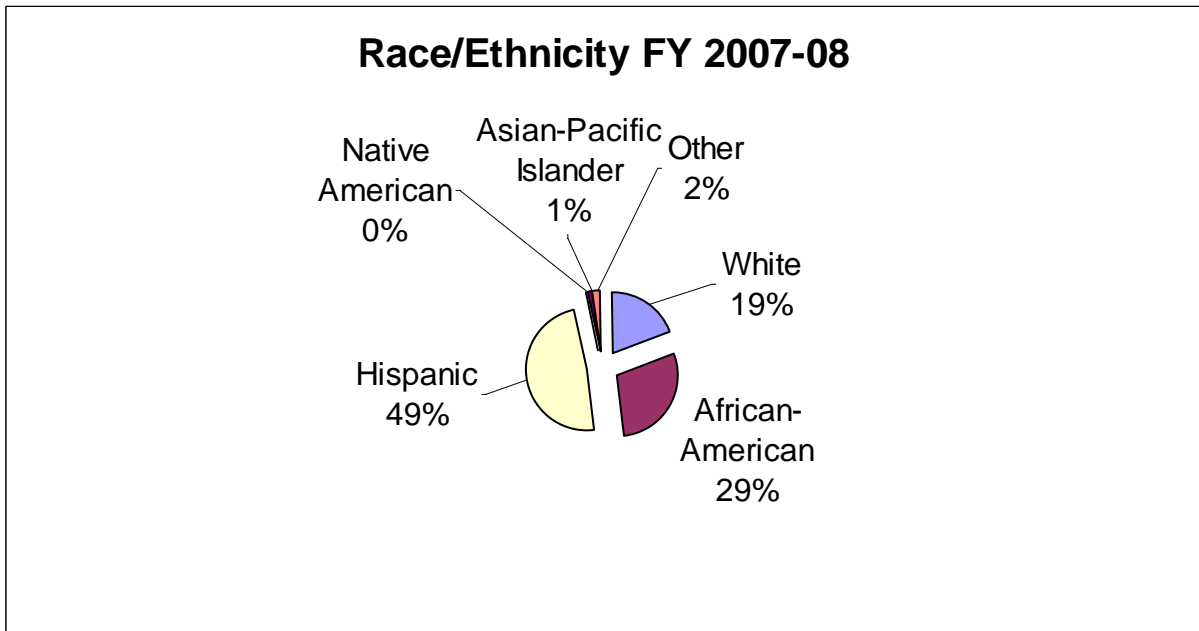
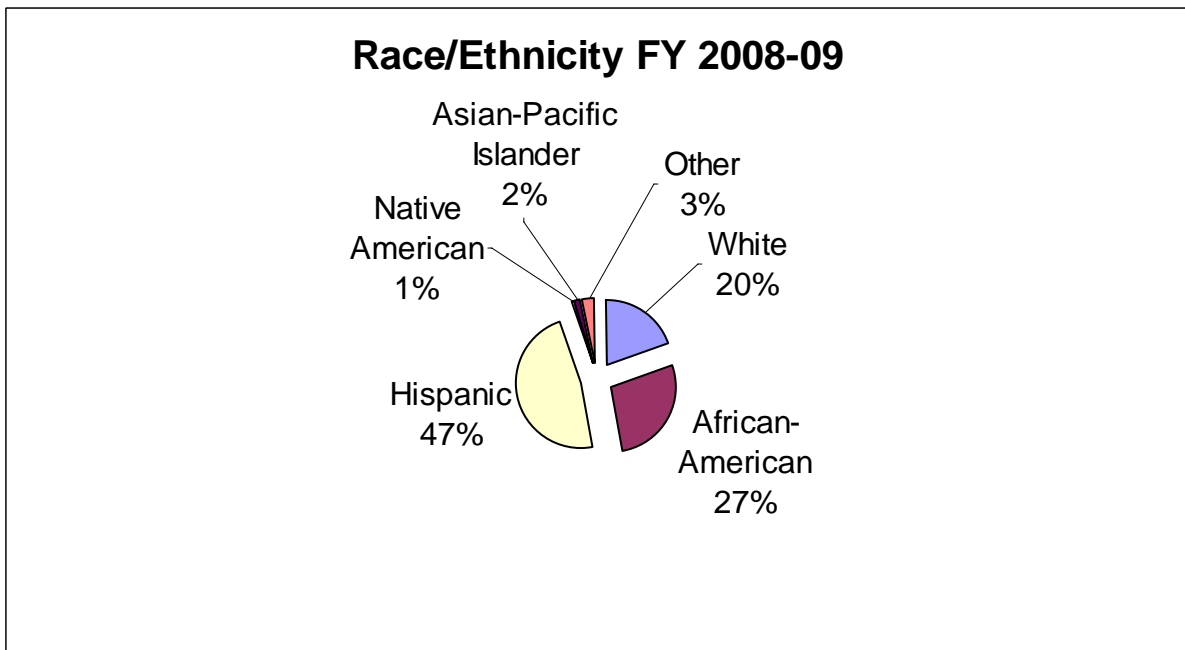


Figure 4



Trends in Participant Drug Use/Abuse

Primary Drug of Choice

In Fiscal Years 2007-08 and 2008-09, about 70% of participants reported either methamphetamine or cocaine as their primary drug of choice. Cocaine was the most prevalent primary drug of choice prior to Fiscal Year 2004-05. After Fiscal Year 2004-05,

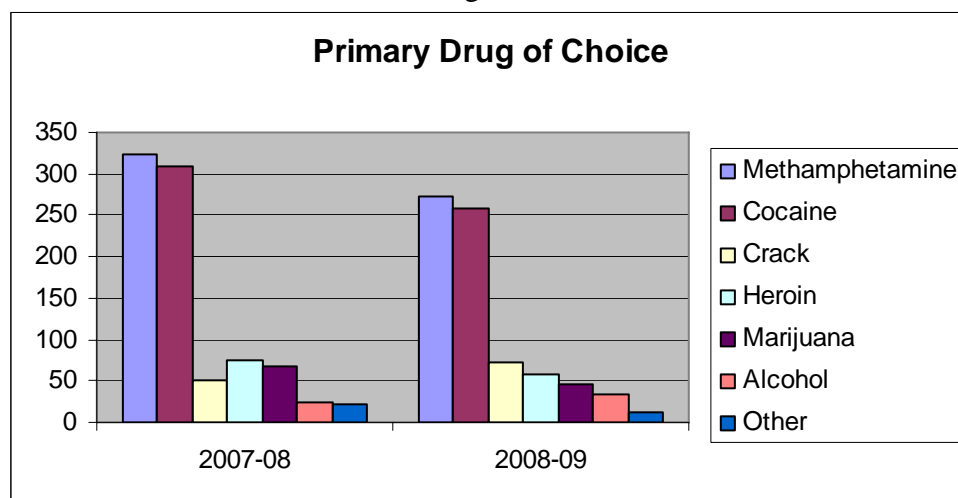
methamphetamine became the primary drug of choice and has remained so through Fiscal Year 2008-09.

The data also show that crack cocaine steadily declined as a primary drug of choice over a five year period with a notable increase in Fiscal Year 2008-09.

Table 6: New Participant Primary Drug of Choice

	Alcohol	Cocaine	Crack	Heroin	Marijuana	Methamphetamine	All Other Drugs	Total
FY 2003 – 04	50 (4%)	504 (40%)	92 (7%)	136 (11%)	87 (7%)	354 (28%)	44 (3%)	1267
FY 2004 – 05	40 (4%)	372 (35%)	52 (5%)	97 (9%)	65 (6%)	422 (40%)	20 (1%)	1068
FY 2005-06	44 (4%)	419 (35%)	48 (4%)	118 (10%)	68 (6%)	452 (38%)	32 (3%)	1181
FY 2006 – 07	43 (5%)	247 (31%)	51 (6%)	92 (12%)	54 (7%)	297 (37%)	12 (2%)	796 ⁴
FY 2007-08	23 (3%)	309 (35%)	50 (6%)	76 (9%)	67 (8%)	327 (37%)	21 (2%)	873
FY 2008-09	33 (4%)	258 (34%)	73 (10%)	58 (8%)	45 (6%)	272 (36%)	13 (2%)	752 ⁵

Figure 5



⁴ Differs from new participant total due to misreporting.

⁵ Differs from new participant total due to misreporting

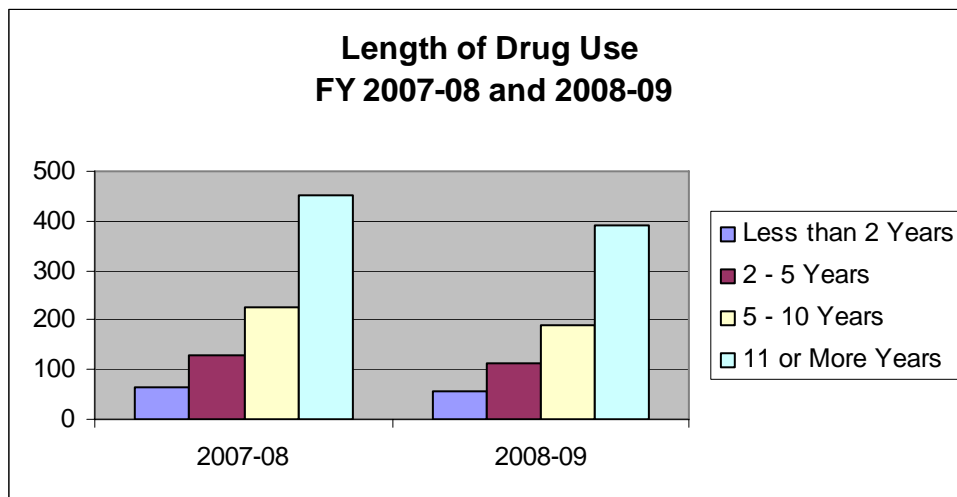
Length of Drug Use/Abuse

Table 7 illustrates the length of drug use/abuse reported by new participants in Fiscal Years 2007-08 and 2008-09. The data show that drug court participants have very lengthy drug use histories; the majority report that they have used drugs for 11 or more years. These percentages have remained relatively consistent throughout the previous six years.

Table 7: New Participant Length of Drug Use/Abuse – Fiscal Year 2006-07

	Less than 2 years	2 to 5 years	5 to 10 years	11 or more years	Total
FY 2007-08	66 (8%)	131 (15%)	224 (26%)	453 (52%)	874 ⁶
FY 2008-09	56 (7%)	113 (15%)	190 (25%)	393 (52%)	752 ⁷

Figure 6



Recidivism

Recidivism Rates

The Drug Court Oversight Committee is committed to continually assessing how well the Drug Court Program is functioning, particularly in regards to recidivism of its graduates. Recidivism is defined as a conviction on a new offense following graduation from the Drug Court Program. Recidivism rates are reported for a five-year period after graduation.

The most recent recidivism rates for drug court program graduates are reported in the tables below. Rates for Fiscal Years 2003-04, 2004-05 and 2005-06 reflect roughly five, four and three years of recidivism data respectively. Data for Fiscal Years 2006-07 and 2007-08 only reflect two and one year of recidivism rates.

Data indicate that drug court graduates have a five-year recidivism rate of approximately 30%. This means that over 70% of those that successfully complete the program remain

⁶ Differs from new participant total due to misreporting.

⁷ Differs from new participant total due to misreporting.

conviction-free in the five years following their graduation. These percentages have been relatively consistent since the Drug Court Program began, are comparable to rates for drug courts nationwide, and reflect the effectiveness of the drug court model. These rates are also significantly lower than recidivism rates for similar offenders who do not participate in a drug court program.

Table 8: Recidivism Rates for Drug Court Graduates

	Number of Graduates	Number of Graduates Convicted of New Offense Since Graduation	Recidivism Rate
FY 2003-04	451	145	32.15%
FY 2004-05	433	124	28.64%
FY 2005-06	343	88	25.66%
FY 2006-07	446	79	17.71%
FY 2007-08	352	45	12.78%
Totals:	2025	481	23.75%

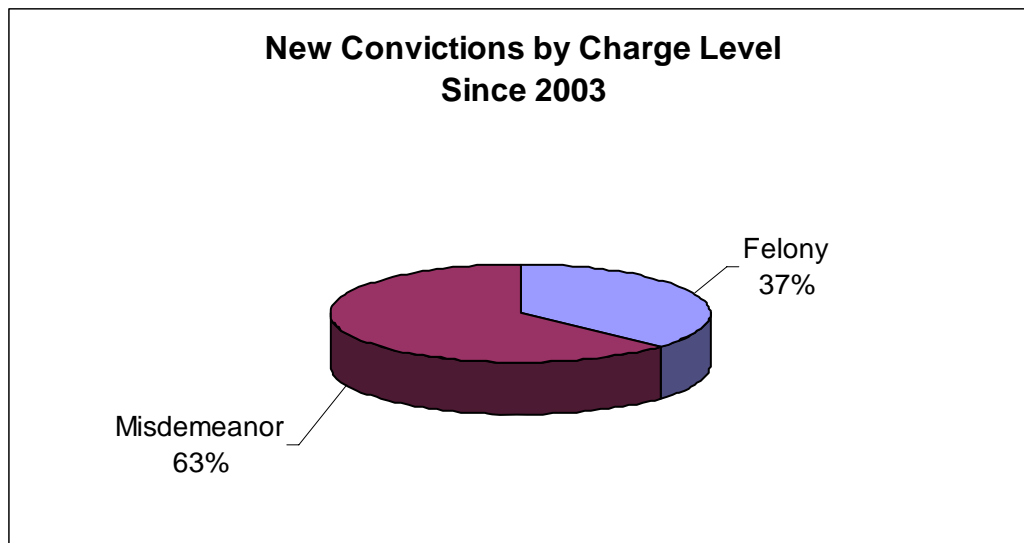
New Convictions by Charge Level

Among those graduates that were convicted of a new offense after their completion of the drug court program, 63% were convicted on misdemeanor charges, and approximately 37% were convicted of felony offenses.

Table 9: New Convictions by Charge Level 2003-04 through FY 2007-08

Felony	176 (37%)
Misdemeanor	305 (63%)
5-year Total	481

Figure 7



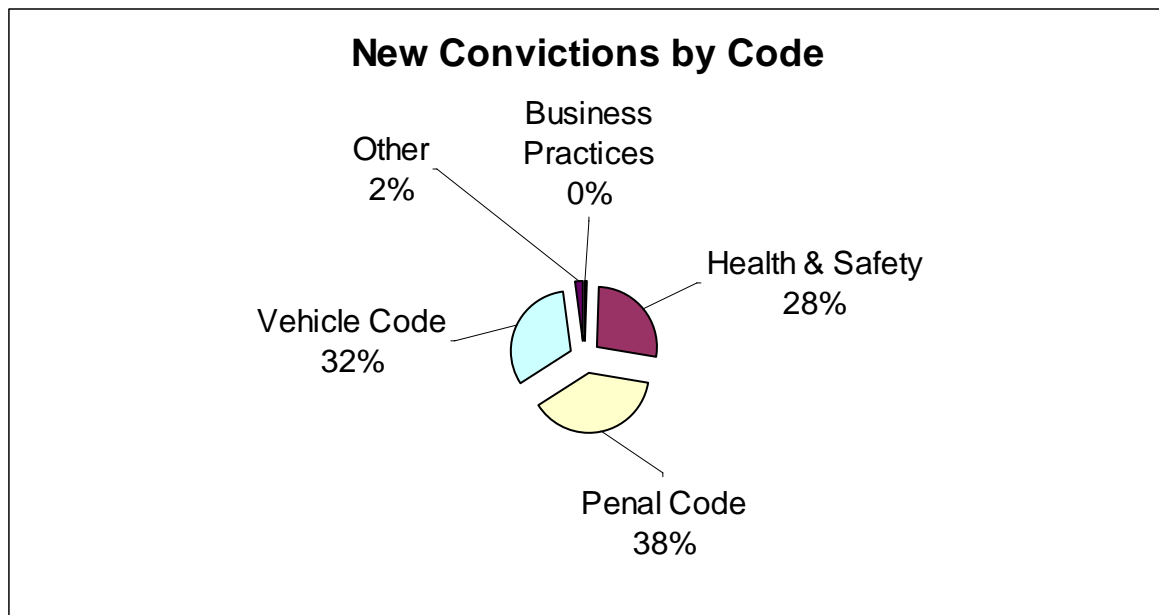
New Convictions by Code

The majority of new convictions among drug court graduates are for either vehicle or penal code offenses (32% and 38%, respectively). The third most prevalent category is health and safety code violations.

Table 10: New Convictions by Code – FY 2003-4 through 2007-08

Vehicle Code	156 (32%)
Penal Code	182 (38%)
Health & Safety	133 (28%)
Other	9 (2%)
Business & Practices	1 (0%)
5 – Year Total	481

Figure 8



Specialized Drug Courts – Preliminary Data

Co-Occurring Disorders Court (CODC)

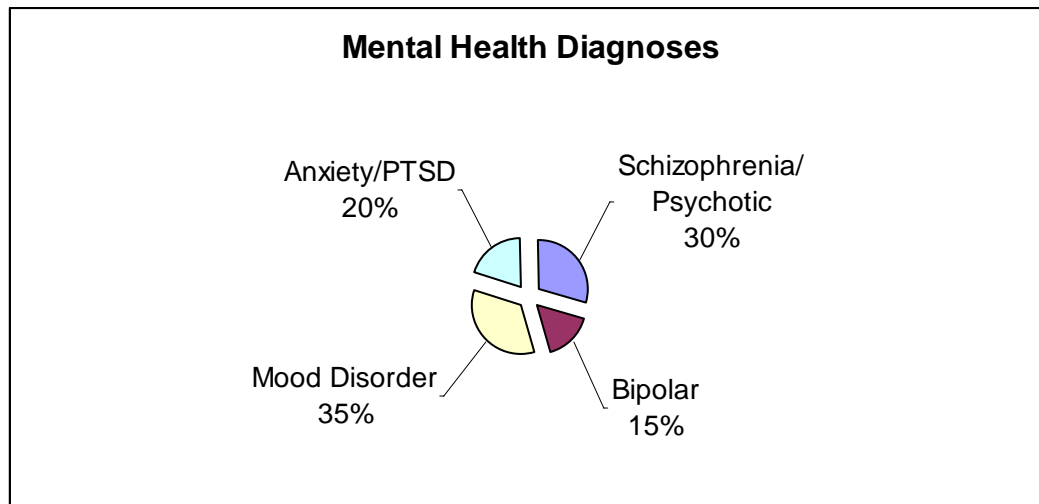
Since its inception in 2007 through June 2009, 75 individuals enrolled in the CODC program. Demographic statistics of CODC participants differ somewhat from those involved in the traditional adult drug courts. Approximately 50% of those enrolled in the CODC are African-American; 20% are Caucasian; 25% Hispanic and the remaining 5% are designated as Other. Sixty percent of participants are male, and the overwhelming majority (60%) is aged 26-40. Twenty percent are aged 18-25 and the remaining 20% are over the age of 41. Half of all CODC participants reported that cocaine/crack was their primary drug of choice. Methamphetamine accounted for 25%, heroin for 10% and poly-substance abuse or other drugs for the remaining 20%.

Table 11: Demographic Characteristics – CODC Program

Race/Ethnicity	
African-American	50%
White	20%
Hispanic	25%
Other	5%
Gender	
Male	60%
Female	40%
Age	
18-25	20%
26-40	60%
41-55	15%
56+	5%

CODC participants must have an Axis I mental health diagnosis in addition to substance abuse issues. The most common primary diagnoses among CODC enrollees were mood disorders (35%) and schizophrenia/psychotic disorders (30%). Approximately 20% of participants have a primary diagnosis of anxiety or PTSD, and about 15% suffer from bipolar disorder.

Figure 9



Outcomes

Early outcome indicators point to a positive effect of the CODC program on its participants. Compared with baseline measures from the 12 months prior to enrollment in the CODC program, participants had an 85% drop in days in jail; 79% drop in the number of arrests, 95% drop in number days homeless and a 32% increase in psychosocial functioning at 12 months of treatment.

Women's Reentry Court (WRC)

Since the launch of the WRC Program in 2007 through the end of Fiscal Year 2008-09, 113 women were formally admitted to the program.⁸ Of those, 26 successfully graduated from the program and 47 were still participating in either the residential or outpatient component. Five women were transferred to another program due to severe mental health or behavioral issues, and two died. Fourteen women were on bench warrant status and 17 were terminated from the program and sentenced to a term in state prison.

African-American women comprise 38% of the participant population; 32% are Caucasian and 23% are Latina. The average age of WRC participants is 37 and close to 60% report never having been married. Seventy-six percent have children, and 23% reported involvement with the Department of Children and Family Services. Eleven percent of the women were pregnant while enrolled, and the average number of children among participants is three.

Table 12: Demographic Characteristics – WRC Program

Race/Ethnicity	
African-American	38%
Caucasian	32%
Latina	23%
Asian	2%
Native American	2%
Other	3%
Relationship Status	
Never Married	58%
Currently Married	9%
Living with Sig. Other	3%
Divorced/Separated	26%
Widowed	5%
Parenting Status	
Have Children	76%
Currently DCFS Involved	23%
Currently Pregnant	11%
Given Birth in Past Year	8%
Average Number of Children	3

The WRC population also differs somewhat from that of the traditional adult drug courts in Los Angeles County. These women are facing state prison commitments and have had lengthy criminal histories. The average number of arrests for those enrolled in the program

⁸ Although this report covers the period through the end of FY 2008-09, data reported here also reflects participant status through August 2009.

was 18 and ranged from 2 to 85. WRC participants reported an average of 4 felony convictions, 7 misdemeanor convictions, and 3 prior prison commitments.

In addition, these women demonstrate significant mental health issues and trauma histories. Twenty-two percent were diagnosed with bipolar disorder; 17% with major depressive disorder; 8% with borderline personality disorder; and approximately 34% were diagnosed with PTSD.⁹ Other mental health issues (e.g. schizophrenia, OCD, anxiety, etc.) were reported but represented less than 5% of the sample.

⁹ Data reflect multiple diagnoses for the same participant.

VI. Training and Management Information Systems

Training

On June 23, 2008 and May 15, 2009, the Drug Court Oversight Subcommittee held its annual drug court training conferences. Over 250 drug court practitioners attended each conference in downtown Los Angeles. The UCLA Integrated Substance Abuse Program partnered with CCJCC and the Drug Court Oversight Subcommittee to create the agendas, and a number of UCLA researchers presented at each conference. The agendas included plenary presentations and break-out sessions on the newest research on drug use trends, substance abuse treatment, and best practices for collaborative courts (See Appendix F for the conference agendas). These annual trainings offer drug court teams working across the county the opportunity to meet and share information. Evaluations and feedback from the conferences have been overwhelmingly positive.

The Drug Court Oversight Subcommittee is continually looking for opportunities to provide training on the latest information on substance abuse treatment and intervention to all drug court practitioners in Los Angeles County. The subcommittee periodically invites experts in the fields of drug policy, drug abuse and treatment, and collaborative court processes to present at the bi-monthly subcommittee meetings.

The subcommittee also encourages its members to attend state and national meetings on drug courts. The National Association of Drug Court Professionals holds annual conferences on best practices in drug and collaborative courts. Drug court judges, attorneys, treatment providers, probation officers and others involved in the Los Angeles County Drug Court Program routinely attend these conferences.

Drug Court Management Information System (DCMIS)

The Drug Court Management Information System (DCMIS) continues to serve as an integrated data system for all Los Angeles County Adult Drug Courts, the Sentenced Offender Drug Court and the Juvenile Drug Court Programs.

DCMIS is an Internet/Intranet database application, which selectively permits access to the data by a variety of system users. To safeguard client confidentiality, all DCMIS users are registered and assigned specific data access privileges. This classification system ensures that access to protected treatment or criminal justice information is restricted to specific groups of authorized DCMIS users. Only DCMIS/CCJCC system administrators have access to the entire DCMIS database.

The DCMIS data repository provides day-to-day operational support to the County's Drug Courts and serves as a centralized source for statistical information to monitor and evaluate program outcomes and trends.

In both Fiscal Years 2007-08 and 2008-09, CCJCC received funding *via* the County's Chief Executive Office from the federal Justice Assistance Grant (JAG). CCJCC utilized this funding to facilitate maintenance of DCMIS and perform needed upgrades to accommodate data collection needs. CCJCC received \$36,000 in each fiscal year for this system support.

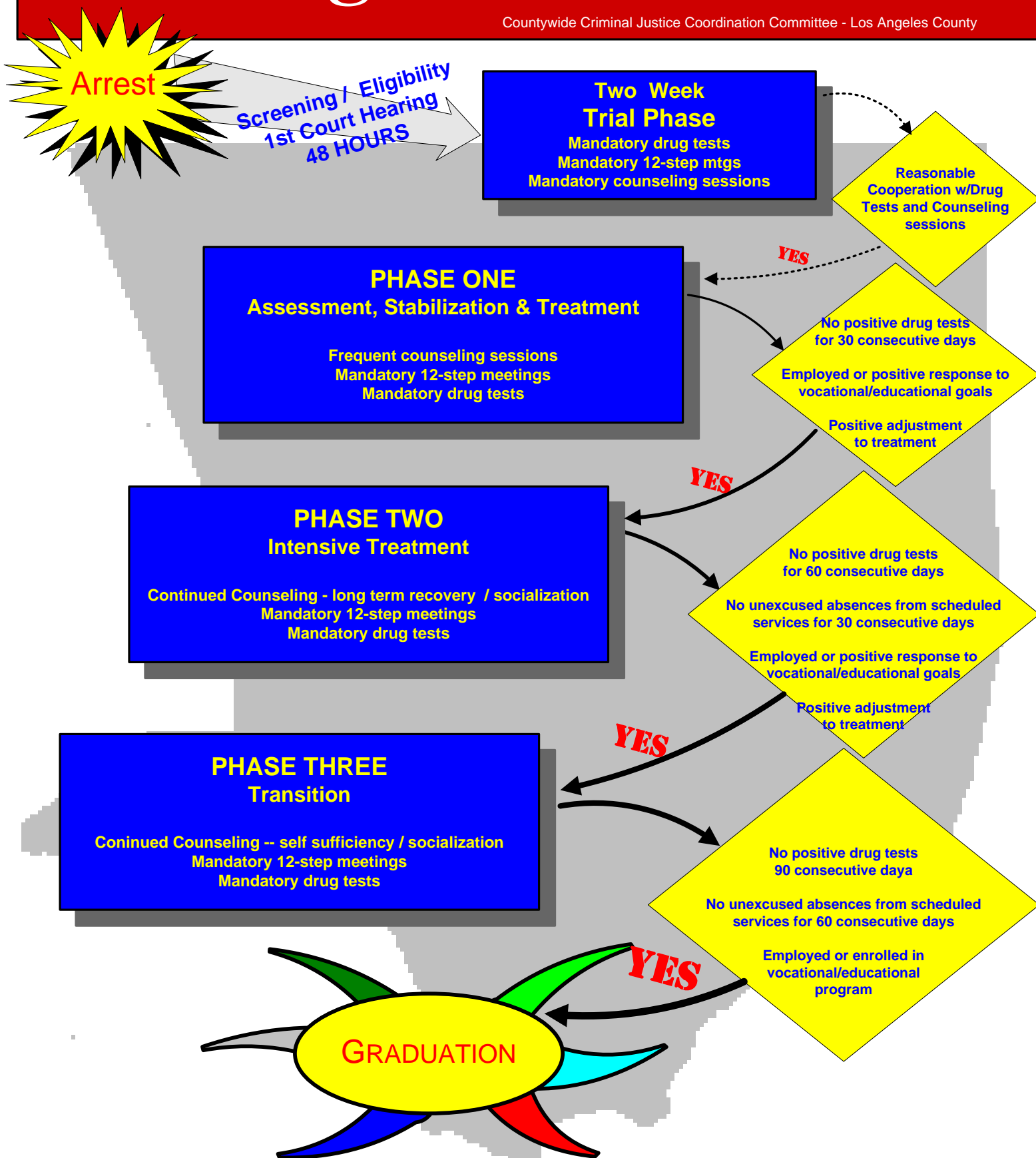
KEY ELEMENTS OF DRUG COURT

Los Angeles County Drug Court Program
Countywide Criminal Justice Coordination Committee

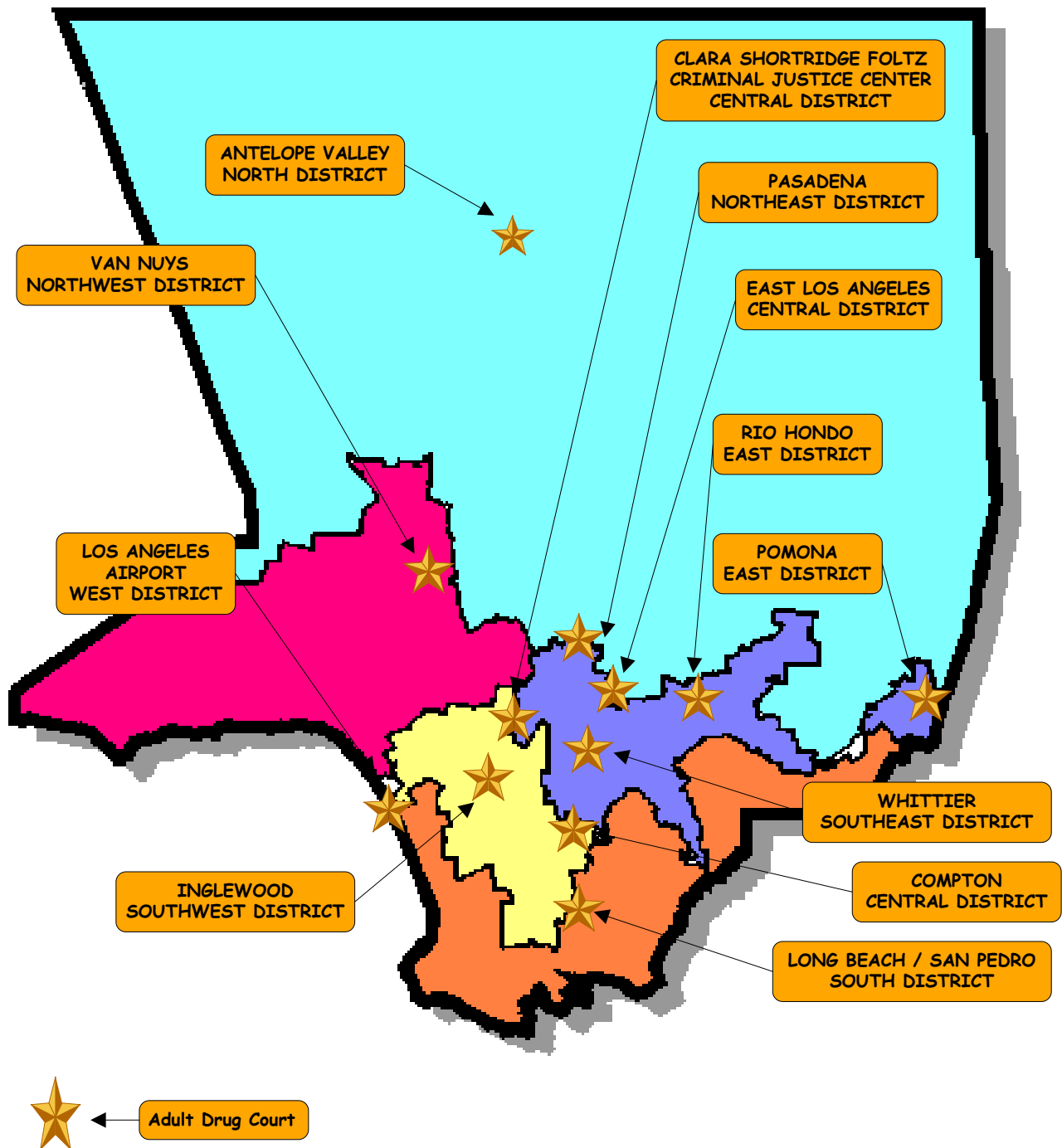


Drug Court Phases

Countywide Criminal Justice Coordination Committee - Los Angeles County



Adult Drug Court Programs



Board of Supervisors



Countywide Criminal Justice
Coordination Committee
(CCJCC)

Drug Court
Oversight
Subcommittee

Community Drug Courts

Clara Shortridge
Foltz Criminal
Justice Center
May 1994

Rio Hondo
July 1994

LA Airport
West District
January 1996

Pasadena
May 1995

Pomona
June 1999

Long Beach /
San Pedro
July 2000

Inglewood
April 1997

Van Nuys/
San Fernando
June 1997

Southeast
May 1997

Compton
April 1998

East Los Angeles
May 1999

Antelope Valley/
Lancaster
July 2002

Juvenile Drug Courts

Sylmar Juvenile
Court
July 1998

Eastlake Juvenile
Court
July 2002

Specialized Collaborative Courts

Co-Occurring
Disorders Court

Juvenile
Dependency Drug
Court

Sentenced
Offender Drug
Court

Women's Reentry
Court

Subcommittees

Treatment Providers



Countywide Criminal Justice Coordination Committee

County of Los Angeles



Supervisor Yvonne B. Burke, Chair
Sheriff Leroy Baca, Vice Chair

Mark Delgado, Executive Director

Los Angeles County Annual Drug Court Conference

June 23, 2008

8:30 a.m. – 4:00 p.m.

The Center at Cathedral Plaza

555 W. Temple St.

Los Angeles, CA 90012

AGENDA

<u>TIME</u>	<u>SESSION</u>	<u>SPEAKER and LOCATION</u>
8:30 a.m. – 9:00 a.m.	Registration and Continental Breakfast	Foyer
9:00 a.m. – 9:15 a.m.	Welcome	Judge Rudy Diaz, Chair Drug Court Oversight Subcommittee Ballroom
9:15 a.m. – 10:30 a.m.	Prescription Drug Abuse: Current Trends and Treatment Best Practices	Richard Rawson, Ph.D. Associate Director, UCLA Integrated Substance Abuse Programs Thomas Freese, Ph.D. Director, Pacific Southwest Addiction Technology Transfer Center Ballroom

10:30 a.m. – 10:45 a.m.	Break	
10:45 a.m. – 11:45 a.m.	Discipline-Specific Meetings	Judicial Officers Facilitator: TBD Meeting Room #2
		Probation Officers Facilitator: Scott Stickney Meeting Room #4
		District Attorneys Facilitator: Tom Robinson Meeting Room #6
		Public Defenders Facilitator: Lita Jacoste Meeting Room #7
		Court Staff Facilitator: Daniel Martin Meeting Room #8
		Treatment Providers Facilitator: David Ramage and Mike D'Agostin Ballroom
11:45 a.m. – 12:45 p.m.	Networking Luncheon	Ballroom
12:45 p.m. – 1:00 p.m.	Remarks	Supervisor Yvonne B. Burke Chair, CCJCC Ballroom

1:00 p.m. – 2:15 p.m.	Proposed Breakout Sessions (Sessions will be repeated at 2:30 p.m.)	
	Session 1: Treating Individuals with Co- Occurring Disorders	Sherry Larkins, Ph.D. Friends Research Institute UCLA Integrated Substance Abuse Programs Ballroom
	Session 2: METH INSIDE OUT: Brain and Behavior DVD and Discussion	Thomas Freese, Ph.D. Pacific Southwest Addiction Technology Transfer Center Meeting Room #2
	Session 3: The Use of Brief Interventions to Motivate Drug Using/Abusing Offenders into Treatment	Jim Peck, Psy.D. California School of Professional Psychology – Los Angeles Meeting Room #4
	Session 4: Gender-Specific and Trauma Informed Treatment Practices	Olga Tuller, Ph.D. Prototypes Meeting Room #6
	Session 5: The Use of Rewards and Sanctions: Best Practices and Current Research	William Burdon, Ph.D. UCLA Integrated Substance Abuse Programs Meeting Room #7
	Session 6: Best Practices in Adolescent Treatment	Rachel Gonzales, Ph.D. UCLA Integrated Substance Abuse Programs Meeting Room #8
2:15 p.m. – 2:30 p.m.	Break	

2:30 p.m. – 3:45 p.m.	Proposed Breakout Sessions (Repeated)	
	Session 1: Treating Individuals with Co-Occurring Disorders	Sherry Larkins, Ph.D. Friends Research Institute UCLA Integrated Substance Abuse Programs Ballroom
	Session 2: METH INSIDE OUT: Brain and Behavior DVD and Discussion	Thomas Freese, Ph.D. Pacific Southwest Addiction Technology Transfer Center Meeting Room #2
	Session 3: The Use of Brief Interventions to Motivate Drug Using/Abusing Offenders into Treatment	Jim Peck, Psy.D. California School of Professional Psychology – Los Angeles Meeting Room #4
	Session 4: Gender-Specific and Trauma Informed Treatment Practices	Olga Tuller, Ph.D. Prototypes Meeting Room #6
	Session 5: The Use of Rewards and Sanctions: Best Practices and Current Research	William Burdon, Ph.D. UCLA Integrated Substance Abuse Programs Meeting Room #7
	Session 6: Best Practices in Adolescent Treatment	Rachel Gonzales, Ph.D. UCLA Integrated Substance Abuse Programs Meeting Room #8
4:00 p.m.	Adjourn	



Countywide Criminal Justice Coordination Committee

County of Los Angeles



Supervisor Don Knabe, Chair
Sheriff Leroy Baca, Vice Chair

Mark Delgado, Executive Director

Los Angeles County Annual Drug Court Conference

Friday, May 15, 2009

8:00 a.m. – 4:00 p.m.

The California Endowment
1000 N. Alameda Street
Los Angeles, CA 90012

AGENDA

<u>TIME</u>	<u>SESSION</u>	<u>SPEAKER and LOCATION</u>
8:00 a.m. – 9:00 a.m.	Registration and Continental Breakfast	Yosemite
9:00 a.m. – 9:15 a.m.	Welcome	Judge Rudy Diaz, Chair Drug Court Oversight Subcommittee Yosemite
9:15 a.m. – 10:30 a.m.	Prescription Drug Abuse: Emerging Trends and Medical Implications	Thomas Freese, Ph.D. Director, Pacific Southwest Addiction Technology Transfer Center Larissa J. Mooney, MD Assistant Clinical Professor, Psychiatry, UCLA School of Medicine Yosemite

10:30 a.m. – 10:45 a.m.	Break	
10:45 a.m. – 11:45 a.m.	Discipline-Specific Meetings	Judicial Officers Facilitator: Judge Michael Tynan Joshua Tree
		Probation Officers Facilitator: Scott Stickney Sierra
		Prosecutors Facilitator: Laura Jane Kessner Cabrillo
		Defense Counsel Facilitator: Joanne Rotstein Mojave
		Court Staff Facilitator: Daniel Martin Catalina
		Treatment Providers Facilitator: David Ramage and Mike D'Agostin Redwood
11:45 a.m. – 1:00 p.m.	Networking Luncheon	
1:00 p.m. – 2:15 p.m.	Breakout Sessions	

	(Sessions will be repeated at 2:30 p.m.)	
	Session 1: Treating Individuals with Co- Occurring Disorders	Sherry Larkins, Ph.D. Friends Research Institute UCLA Integrated Substance Abuse Programs Cabrillo
	Session 2: METH INSIDE OUT: Volume II DVD and Discussion	Thomas Freese, Ph.D. Pacific Southwest Addiction Technology Transfer Center Redwood
	Session 3: Trauma-Informed Treatment: Best Practices for Special Populations	Jim Peck, Psy.D. California School of Professional Psychology – Los Angeles Sierra
	Session 4: Adolescent Prescription Drug Abuse	Rachel Gonzales, Ph.D. UCLA Integrated Substance Abuse Programs Mojave
	Session 5: Meth and Women: Treatment Best Practices and Effects on Family	Alison Hamilton, Ph.D. UCLA Integrated Substance Abuse Programs Catalina
	Session 6: Drug Courts 101: Key Elements and Best Practices	Judge Ellen DeShazer Los Angeles Superior Court Joshua Tree
2:15 p.m. – 2:30 p.m.	Break	

2:30 p.m. – 3:45 p.m.	Proposed Breakout Sessions (Repeated)	
	Session 1: Treating Individuals with Co-Occurring Disorders	Sherry Larkins, Ph.D. Friends Research Institute UCLA Integrated Substance Abuse Programs Cabrillo
	Session 2: METH INSIDE OUT: Volume II DVD and Discussion	Thomas Freese, Ph.D. Pacific Southwest Addiction Technology Transfer Center Redwood
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	Session 6: Drug Courts 101: Key Elements and Best Practices	Judge Ellen DeShazer Los Angeles Superior Court Joshua Tree
	Adjourn	